



Arkansas Department of Health

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Governor Mike Beebe

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H1N1 Vaccine Provider Pre-Registration Sign-Up Go to:

<https://health.arkansas.gov/ADHInternetApps/> Put in the Generic User Email address: users@h1n1providers.com ; use Password (case sensitive): H1N1Vaccine

*Everyone must use this email address and password to access the form-Please do not attempt to personalize.

Click on the left side of the page “H1N1 Provider Info Form” and that will take you to the preregistration pages to complete. Click *save* at the bottom when complete. If a required field is missing, the page will take you back to the required field.

Intensive care adult patients with severe respiratory failure caused by Influenza

A (H1N1)v in Spain, *Critical Care* 2009, 13:R148, Rello, J., etc.

On August 21, a total of 177 countries reported 182,166 cases on influenza A (H1N1) infection, 1799 of which were fatal. A CDC report in May provided details of the 30 patients who were hospitalized in CA, of whom six required admission to ICU and 4 required mechanical ventilation. In NYC, 909 patients with confirmed H1N1 had been reported as of July 8; 225 (25%) required ICU care and 124 (14%) required mechanical ventilation with 59 deaths. As of August 25, 93 deaths have been reported in Europe, with 16 deaths in Spain and 59 in the UK.

Data was abstracted from a voluntary registry in Spain to analyze H1N1 hospitalized patient data. Inclusion criteria consisted of fever (>38 C), respiratory symptoms consistent with cough, sore throat, myalgia or influenza like illness, admission to ICU and positive PCR for H1N1. Primary viral pneumonia was defined in patients presenting during the acute phase of influenza illness with acute respiratory distress and unequivocal alveolar opacification involving 2 or more lobes with respiratory and blood cultures negative. Secondary bacterial pneumonia was considered in patients with confirmation of influenza infection that showed recurrence of fever, increase in cough and production of purulent sputum plus positive bacterial respiratory or blood cultures.

On July 31, 2009, a total of 735 cases were confirmed in Spain. Twelve children (25%) and 36 (75%) older than 14 years required critical care (children <15 yrs were not entered into this study). Data from 32 adults in 20 hospitals were admitted to ICU with severe respiratory failure and included in this report.

The median age was 36 yrs. Sixty (50%) were between 18-40 yrs, and 22 (68.7%) were less than 52 yrs. Only one patient was older than 65. Twenty one (73.3%) were male. Ten (31.2%) were

obese and 2 (6.3%) were pregnant. Asthma (5/32) and exacerbated COPD (4/32) were the main comorbidities reported. Therefore, 1/2 had preexisting medical conditions and 1/2 did not. Twenty nine (90.6%) had viral pneumonitis, 2 patients had exacerbated chronic COPD and 1 patient was co-infected with *S. pneumoniae*. All patients received antibiotic and antiviral therapy. Mean delay between onset of symptoms and hospital admission was 3.7 days and between hospital and ICU admission was 1.5 days.

Chest X-rays were abnormal in all patients. Patients with viral primary pneumonia had bilateral patchy alveolar opacities (predominantly basal), affecting 3 or 4 quadrants in 71.8% of patients. At the time of ICU admission, 93.7% of the patients had elevated LDH levels above 1000 IU/L; 71.8% had elevated AST levels and 81.2% had increased creatinine kinase levels.

The findings contain important messages for both the general population and for health authorities and medical intensivists. For the general population, there is an appeal to healthy people without risk factors to avoid falling prey to overconfidence in regard to influenza A. Although the vast majority of those affected will overcome the flu without complications, a small percentage will have pneumonia and should be hospitalized.

"The natural symptoms of the disease are usually 3 or 4 days of fever, generally over 38 C with a steady improvement in the following days. But a minority of patients, around the 4th or 5th day, get worse," reports Jordi Rello, head of the intensive care unit of Tarragona Joan XXIII Hospital and coordinator of the study. Therefore, if a sufferer experiences breathing difficulties after contracting the flu, they should seek medical attention urgently, but the main point of the study is that no risk factors or diseases have made them particularly vulnerable.

The Arkansas Dept of Health will be upgrading the software used for the Health Alert Network (HAN). Use of this new system will begin on October 1, 2009. To ensure you continue to receive Dr. Snow's weekly letter and other important health information you must logon to <https://health.arkansas.gov/codespearreg>, click on "new user information" and fill in the blanks. You are required to have an email address. This email address becomes your logon ID. Please click on the web address and sign up. We will not be sending faxes after October 1.

Thank you for your assistance in helping us increase our capacity to keep you informed of important public health information in Arkansas.

If e-mail is not available, please notify Ms. Deborah Biddle at Deborah.biddle@arkansas.gov.

If you have any questions please feel free to contact Dr. Sandy Snow at 501-661-2169 or fax to 501-661-2300 or e-mail to Sandra.snow@arkansas.gov.